4J.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Light Daly
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 036983	2. Fiscal Year Covered From:		
4-3305	1/1/04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Jour B Nozals	Name Sheet Meme NKS Local 73		
	Labor Organization File Nymber 036283		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 4550 ROOSEVELT Rd	Street 4350 Roosevar Rd		
City Hillside Ic	City Hiceside		
State Z- ZIP Code + 4 60/62-305	3 State 72 60/62 ZIP Code+4 2053		
5. Position in labor organization. BusiNess Repair	ESENTATIVE		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	sions set forth in the instructions); derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City			
State ZIP Code + 4			
Sign	ature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the		
Signed S. Daniel	on 7-13-05 708-449-0073		
	Date Telephone Number		

Name of Person Filing JOHN B. Noncis		File Number U- 036283-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included in with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	4-3305	
8. Name and address of Business (including trade name, if any). Name BA/EX CEOCGE LTD. Trade Name, if any: P.O. Box, Bldg., Room No., if any Sorte Hoo Street 20 So. Clarke City CHICAGO State ZIP-Code+4 60603- /903	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	WEEK & C. WEEK & F. C. MYSECE & 11.b. Approximate dollar valu 12.a. Nature of interest held	e of such dealing, 354,00	
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	Facilities in comment and the	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	there are a final the property of the control of th	
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	\$ \$ \$		
Street			
The state of the s			
State ZIP Code + 4	The second section of the second section secti	the second secon	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	y var in substitution and a company	
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